

NEW CLIENT INFORMATION

DATE: _____

TAX FILE NUMBER: _____ ABN _____

FULL NAME (MR/MRS/MS/MISS)	
FIRST NAME: _____	
MIDDLE NAME: _____	
SURNAME: _____	
DATE OF BIRTH: _____	BIRTH PLACE: _____
BANK DETAILS:	
ACCOUNT NAME: _____	
BSB: _____	
ACCOUNT NUMBER: _____	
RESIDENTIAL ADDRESS: _____	
POSTAL ADDRESS: _____	
TELEPHONE NUMBER: (H) _____	(M) _____
EMAIL ADDRESS: _____	
OCCUPATION: _____	
NAME OF SPOUSE/DE FACTO: _____	
NUMBER OF DEPENDENT CHILDREN: _____	

ASSOCIATED ENTITIES: DO YOU HAVE ANY OF THE FOLLOWING:		
PARTNERSHIP: _____	TFN _____	ABN _____
COMPANY: _____	TFN _____	ABN _____
TRUST: _____	TFN _____	ABN _____
SUPER FUND: _____	TFN _____	ABN _____

I AUTHORISE FUSION ACCOUNTING SOLUTIONS TO ACT AS ANY TAX AGENT AND AGREE TO THE 7 DAY TRADING TERMS AND UNDERSTAND PAYMENT IS REQUIRED BEFORE LODGEMENT:

SIGNATURE:

COMMENTS: _____

Please bring to your appointment a copy of your latest home loan and/or investment property statement and your latest superannuation statement.